



STATE OF MARYLAND  
**DHMH**

PT 4-07

Office of Health Services  
Medical Care Programs

Maryland Department of Health and Mental Hygiene  
201 W. Preston Street • Baltimore, Maryland 21201

Robert L. Ehrlich, Jr., Governor – Michael S. Steele, Lt. Governor – S. Anthony McCann, Secretary

**MARYLAND MEDICAL ASSISTANCE PROGRAM**  
**Home Health Transmittal No. 45**

July 21, 2006

TO: Home Health Agency Administrators

FROM: Mark A. Leeds, Director   
Long Term Care and Community Support Services

NOTE: Please ensure that appropriate staff members in your organization are informed about the contents of this transmittal.

RE: Preauthorization

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Pursuant to COMAR 10.09.04.06A(2), preauthorization is required for services rendered in any thirty-day period for which the provider anticipates interim payments in excess of the Medicaid average nursing facility rate. Effective July 1, 2006 this amount is \$5,796. All other preauthorization procedures remain the same as outlined in Home Health Transmittal No. 42 dated September 19, 2005.

Questions concerning this transmittal should be directed to the Staff Specialist for Home Health Services at (410)767-1448 or 1-877-4MD-DHMH extension 1448.

